

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 19

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|---|---|--|--|--|---|---|--|
| 02 DEATH D 43 SIDENCE | 1. PLACE OF DEATH A. COUNTY Cochise | | B. LENGTH OF STAY IN THIS TOWN 50 years IN ARIZONA 53 years | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Cochise | | |
| | C. CITY OR TOWN Tombstone | | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | | C. CITY OR TOWN Tombstone <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | | |
| | D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Residence | | | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) ----- | | |
| ENT VAL 768 9 255 | 3. NAME OF DECEASED A. (FIRST) JOHN B. (MIDDLE) P. C. (LAST) GIACOMA (TYPE OR PRINT) | | | 4. SEX Male | 5. COLOR OR RACE White | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married | |
| | 6B. NAME OF SPOUSE Mrs. Minnie Giacomma | | 7. DATE OF BIRTH MONTH DAY YEAR May 4 1886 | 8. AGE (IN YEARS LAST BIRTHDAY) 68 | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Mining |
| | 9B. KIND OF BUSINESS OR INDUSTRY Copper | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy | 11. CITIZEN OF WHAT COUNTRY? U.S.A. | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No | 13. SOCIAL SECURITY NO. 526-12-7262 | | |
| 14A. FATHER'S NAME Pete Giacomma | | 14B. BIRTHPLACE (STATE OR COUNTRY) Italy | 15A. MOTHER'S MAIDEN NAME Madeline Perotti | | 15B. BIRTHPLACE (STATE OR COUNTRY) Italy | | |
| 16. INFORMANT'S SIGNATURE Mary Ellen Waidler - Tombstone | | | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) February 15 1955 | | | |
| IE H (18) | 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (C). 52.50 THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHRENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) C. S. Heart Disease Silicosis DUE TO (B) Admission Pneumonia DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | | | INTERVAL BETWEEN ONSET AND DEATH 2.00 sets | |
| | 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 29 1954 to Feb 5 1955 THAT I LAST SAW THE DECEASED ALIVE ON Feb 5 1955, AND THAT DEATH OCCURRED Feb 5 1955 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | | |
| EATH JE TO ERNAL LENCE | 22A. SIGNATURE (NAME OR TITLE) M. S. Waidler M.D. | | 22B. ADDRESS Tombstone Ariz | | 22C. DATE SIGNED 2/16/55 | | |
| | 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) | | 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) | | 23C. (CITY OR TOWN) (COUNTY) (STATE) | | |
| | 23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY | | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 23F. HOW DID INJURY OCCUR? | | |
| R'S TION | 24A. CORONER'S SIGNATURE | | | 24B. ADDRESS | | 24C. DATE SIGNED | |
| | 25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | 25B. DATE Feb. 19, 1955 | 25C. NAME OF CEMETERY OR CREMATORY Tombstone Cemetery | | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tombstone, Arizona | | |
| IL R | 26A. DATE REC. BY LOCAL REG. 2-19-55 | | 26B. REGISTRAR'S SIGNATURE Margaret M. Malady | | 27A. FUNERAL DIRECTOR'S SIGNATURE Hugh A. Ryan | | |
| | | | | | 27B. ADDRESS Bisbee, Arizona | | |